

**SCHAEFFER CLUSTER LLC REHAB HOMES APPLICATION**

**You may only submit one application. Multiple applications will result in all applications being disqualified. After application is sent in no change can be made, such as, adding or changing applicants or co-applicant. A processing fee of \$25.00 (\$40.00 if co-applicant is not a spouse) is required.**

DATE \_\_\_\_\_

**APPLICANT**

First Name \_\_\_\_\_ Last Name \_\_\_\_\_  
Address \_\_\_\_\_ Apt \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Home Tel. \_\_\_\_\_  
Employer \_\_\_\_\_  
Bus Tel. \_\_\_\_\_  
Address of Employer \_\_\_\_\_  
Your Position \_\_\_\_\_  
Years on this Job \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Current Annual Salary (without overtime)\$ \_\_\_\_\_ Overtime\$ \_\_\_\_\_ Dividends/Interest Income \$ \_\_\_\_\_  
Other Income\$ \_\_\_\_\_  
Name and age of each person 18 years of age or older who will live in new home:  
\_\_\_\_\_

Do you or co-applicant currently own a home?  
Yes \_\_\_ No \_\_\_

**CO-APPLICANT**

(Include spouse and any other co applicant)  
(Note: Co-Applicants must be Co-owners and occupy the house.)

Relation to Applicant \_\_\_\_\_  
First Name \_\_\_\_\_ Last Name \_\_\_\_\_  
Address \_\_\_\_\_ Apt \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Home Tel. \_\_\_\_\_  
Employer \_\_\_\_\_  
Bus Tel. \_\_\_\_\_  
Address of Employer \_\_\_\_\_  
Your Position \_\_\_\_\_  
Years on this Job \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Current Annual Salary (without overtime)\$ \_\_\_\_\_ Overtime\$ \_\_\_\_\_ Dividends/Interest Income \$ \_\_\_\_\_  
Other Income\$ \_\_\_\_\_  
Name and age of each person 18 years of age or older who will live in new home:  
\_\_\_\_\_

**Credit Authorization:**

I/We the undersigned do hereby authorize Astella Development Corp. through its agent, to request a credit report on the above named applicants for the purpose of purchasing a home. If I/we ask you will tell me the name & address of the consumer reporting agency that furnished said report. My signature also acknowledges that the information provided is accurate to the best of my/our knowledge.

\_\_\_\_\_  
Signature of Proposed Purchaser

Dated: \_\_\_\_\_

\_\_\_\_\_  
Signature of Proposed Co-Purchaser

Dated: \_\_\_\_\_

**Please mail all applications to:  
Astella Development Corporation  
1618 Mermaid Avenue  
Brooklyn, NY 11224**